

Wisconsin Department of Regulation & Licensing

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PHARMACY EXAMINING BOARD

CHANGE OF OWNERSHIP OR LOCATION

FOR A PHARMACY, DISTRIBUTOR OR MANUFACTURER

The following chart sets forth when a change of ownership occurs which requires a new license.

To obtain a new application go to drl.wi.gov

OWNER	TRANSACTION	CHANGE OF OWNERSHIP
Individual	Sells facility to another	YES
Individual	"Incorporates" him or herself and there are no other shareholders	NO [only a change in business <u>form</u> of owner]
Individual	Incorporates and adds shareholders other than self, or goes into partnership with other(s)	YES
Partnership	Sells facility to another	YES
Partnership	Members of partnership change <u>and</u> dissolves; e.g., individual(s) leaves	YES
Partnership	Members of partnership change, but partners vote not to dissolve unanimously or by partnership agreement	NO
Partnership	Partner Partnership decides to incorporate itself	NO [again, only a change business <u>form</u> --as long as no shareholders added who were not partners before]
Corporation	Change in shareholders (including sale of all stock)	NO [Corporation owns facility--not shareholders]
Corporation	Sells all assets (as opposed to stock)	YES [One asset being sold is facility; corporation no longer owns it after asset sale]
Corporation	Becomes a subsidiary or division of another corporation	NO [Corporation still owns facility, regardless of who owns corporation]
Corporation	Merges into/or consolidates with another corporation <u>and</u> loses corporate "identity"	YES

¹ Limited Liability Companies created under Ch. 183, Stats., are the same as Corporations for change of ownership.

All name/address changes must complete the box below to determine if new licensure is required.

COMPLETE AND RETURN THIS FORM TO THE ADDRESS LISTED BELOW ONLY IF CHANGES HAVE OCCURRED

Name printed on Renewal Notice:	_____
New Name:	_____
Reason for Name Change:	_____
Wisconsin License Number:	_____
Type of License (choose one):	Pharmacy Distributor Manufacturer
Address Listed on Renewal Notice:	_____

New Mailing Address:	_____

Reason for Address Change:	_____

Indicate below

A new application will be filed with the Pharmacy Examining Board?

YES _____ NO _____ If NO, indicate why this will not occur (attach additional sheets if necessary).

Signature

Title

Date

Mail completed form to:

Department of Regulation and Licensing
Attn: Pharmacy Examining Board
PO Box 8935
Madison, WI 53708-8935